



ACH Debit Authorization

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I authorize A Fitness Concepts, LLC_, hereinafter called COMPANY, to initiate debit entries to my account at the Depository Financial Institution named below, hereinafter called DEPOSITORY. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository

Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

0 Checking Account

0 Savings Account

Routing Account
Number (9 Digits): _____ Number: _____

Amount: _____ Frequency: _____

Start date: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination at least thirty days prior to the next billing date.

Name: _____ Employee ID Number: _____
(Please Print) (To be completed by Company)

Signature: _____ Date: ____/____/____

Please attach a VOIDED CHECK to this authorization if a checking account will be debited.